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APPLICANTS

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Yes 6/12/54

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/263,593 03/05/1999
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**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 05/17/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	22	68	25
Verified and Acknowledged	Examiner's Signature <i>SN</i> Initials				

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TITLE

Hearing aid

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/>

FILING FEE RECEIVED FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT
 3400 No. _____ for following: